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PART B-ISSUE FEE TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS: (Note: Legibly mark-up with any corrections or use Block 1) GEORGE E KERSEY PO BOX 1073 FRAMINGHAM, MA 01701						
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED		
09/377,929	08/20/99	15	Cherry, J. 3652	07/05/01		
First Named Applicant: MELE, 35 USC 154(b) term ext. = 0 Days						
TITLE OF INVENTION: REMOVAL OF ACCUMULATED MATERIAL						
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALLY ENTITY	FEE DUE	DATE DUE
3 PM-SC	037-285.000	182	UTILITY	YES	\$620.00	10/05/01
1. Change of correspondence address or indication of "Fee Address (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication from Pto/SB/47) attached.			2. For printing on the patent front page, list: 1. George E. Kersey (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) 2. _____ and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. _____			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE: Not Assigned (B) RESIDENCE: (CITY & STATE OR COUNTRY) Please check the appropriate assignee category indicated below (will not be printed on the patent) <input type="checkbox"/> Individual <input type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government				4.a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input checked="" type="checkbox"/> Issue Fee \$6.20 <input checked="" type="checkbox"/> Advanced Order - # of Copies 1 \$3.00 4.b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE AN EXTRA COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____		
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.						
(Authorized Signature) [Signature]				(Date) 10-03-01		

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